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***TESTIMONY RE: RAISED BILL 6690 AN ACT CONCERNING NURSING HOME
MINIMUM STAFFING LEVELS.***

Human Services Committee

February 10, 2015

Good Morning, Senator Moore, Representative Abercrombie and esteemed members of the Human Services Committee. Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), I am Mary Jane Williams PhD RN, chairperson of its Government Relations Committee. I have practiced nursing for 50 years in Connecticut in both public and private sector. I am providing testimony in support of ***RAISED H.B BILL 6690 AN ACT CONCERNING NURSING HOME MINIMUM STAFFING LEVELS.***

The present requirements for nursing home staffing were established decades ago at a time when the acuity level and number of co-morbidities of residents were less and the care needs very different then they are today. Through additional home care programs and more care being delivered either in the home or assisted living facilities, the residents of long term care facilities presents with multisystem issues. Connecticut's regulations in this area have not kept up and resident classification systems developed through the Centers for Medicare and Medicaid and others who have offered methodologies to determine the number, experience and qualifications of nursing personnel needed to meet the resident's needs. Connecticut's regulations determine staffing by a static number of licensed and unlicensed nursing personnel and do not incorporate acuity levels of the patient with multi system failure and dementia.

Although we are supportive of this bill we have one other recommendation regarding nurse staffing in long term care facilities. The number of registered nurses (RNs) now

required and the number potentially being required through this bill are still inadequate for the responsibilities that the RN carries. The RN is ultimately responsible for all care that is delivered – including the assessments, changes in care plans (including receiving any verbal order with changes), licensed practical nurses, certified nursing assistants and feeding assistants to mention a few. Workplace and working conditions are part of how nurses make decisions where they will practice. The long term care facilities offer tremendous opportunities for registered nurses but their choices will be limited to other health care situations that offer better working conditions, mentoring, better salaries and less risk for their license. Just adding additional licensed personnel to the staffing equation will not reduce the responsibilities of the registered nurse.

I receive many communications from nurses who work in long term care. They are frustrated by the working conditions lack of mentoring and ratio of provider to patient. The utilization of Licensed Practical Nurses may be beneficial to patient care, however, they have a well defined “Scope of Practice” which defines limits their practice based on current education. Therefore the Registered Nurse responsibility increases exponentially.

We urge the committee to have assurance that nurse staffing is not just a greater number of less qualified individuals and that the proposed staffing ratios are appropriate for complex multisystem failure patients during the 24 hours in which safe, quality care is provided.

Thank you for considering our support of this bill and our concerns. We strongly urge the committee’s support ***RAISED H.B BILL 6690 AN ACT CONCERNING NURSING HOME MINIMUM STAFFING LEVELS.*** If you have any further questions do not hesitate to contact me directly. Thank you.

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